

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>my</i>		12/13/99
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>HLI PL</i>	<i>71629</i>	<i>1-2-1</i>
RESPONSE FORMALITY REVIEW	<i>THI PL</i>	<i>71629</i>	<i>2-2-00</i>

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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